SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

### APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN





Permit #:	20-0018
Date:	1-23-2020
Amount Paid:	\$90 1-16-202
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT	KEQUES	IED-	☐ LANI	D USE 🛛 SANITAR	RY   PRIVY	CONDITIONA	AL USE   SPECIAL	USE	☐ B.O.A	. П	OTHER
Owner's Name:				Mail	ing Address:		/State/Zip:			Telepho	
Paul	Pon	20	10	Pr	Box 789	L		TS	(1242		
Address of Property	"	130	V <b>V</b>		/State/Zip:	1 1	ayward w	د ر	40 0	Cell Pho	417
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The second secon	VR S	1.1.1	-	Cont	tractor Phone: P	lumber:				Plumbe	r Phone:
Authorized Agent:	(Person Sign	ning Annlie	ation on hehal	If of Owner(s)) Ager	nt Phone:	Agent Mailing Ag	Idress (include City/State	/7in\.		14/	A all a de de
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				0 0 pm 0						□ Yes	□ No
PROJECT	Legal	Descript	ion: (Use T	ax Statement)	The second secon	26-T45	N-ROAW				owing Ownership)
LOCATION				ux statement)	2843 G	TTVO	OT 3		0/2/201	-	579374
1/4	1	1/4	Gov't Lot	Lot(s) CSM	Vol & Page CSIV	1 Doc # Lot(	s) No. Block(s) No.	Subo	division:	7	
		1/4	3	2 1202	7/8278						
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Section _/\~	, low	nsnip	/ / N, R	ange W	Barnes					5	088.
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	A IS P	roperty	Land withir	n 1000 feet of Lake, Po	nd or Flowage  yescontinue	Distance Stru	icture is from Shorelin		□ Y	es	☐ Yes ※ No
					yes—continue		700	feet	X.N	lo	A NO
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¢	☐ Add	lition/A	lteration	☐ 1-Story + Loft	☐ Foundation	□ 2	☐ (New) Sanitary	Spec	ify Type:		🔀 Well
30,000	☐ Con	version		☐ 2-Story	⋉ Slab	□ 3	☐ Sanitary (Exists	) Spec	cify Type:		
	☐ Relo	ocate (ex	isting bldg)				☐ Privy (Pit) or			200 gall	on)
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low: Draw or Sketch your Property (regardless of what you are applying for) Fill Out in Ink - NO PENCIL **Proposed Construction** Show Location of: (2)Show / Indicate: North (N) on Plot Plan (3) Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept

Description	Measureme	ent		Description	Measurement		
		2					
Setback from the Centerline of Platted Road	65	Feet		Setback from the <b>Lake</b> (ordinary high-water mark)	200	Feet	
Setback from the Established Right-of-Way	60	Feet	H	Setback from the River, Stream, Creek	NA	Feet	
				Setback from the Bank or Bluff	NA	Feet	
Setback from the <b>North</b> Lot Line	150	Feet					
Setback from the <b>South</b> Lot Line	70	Feet		Setback from <b>Wetland</b>	AA	Feet	
Setback from the <b>West</b> Lot Line	1000	Feet		20% Slope Area on the property	Yes N	No	
Setback from the <b>East</b> Lot Line	200	Feet		Elevation of Floodplain	NA	Feet	
Setback to Septic Tank or Holding Tank	50	Feet		Setback to <b>Well</b>	50	Feet	
Setback to Drain Field	20	Feet		Setback to Well	30	reet	
Setback to Privy (Portable, Composting)		Feet					

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	A ship in the		
Permit #: 20-0018	Permit Date: 1-23	2000		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  □ Yes (Deed of Record □ Yes (Fused/Contigue □ Yes	ous Lot(s)) 🛮 No	Mitigation Required Mitigation Attached	□ Yes □ No □ Yes   No	Affidavit Required Affidavit Attached Yes No
Granted by Variance (B.O.A.)  ☐ Yes		Previously Granted by ☐ Yes ☐ No	/ Variance (B.O.A.) Cas	e #:
Was Proposed Building Site Delineated		Were Property Line	es Represented by Owner Was Property Surveyed	
Inspection Record: Replaces - 08-05	94	1		Zoning District ( R-2) Lakes Classification ( 2 )
Date of Inspection: 1/21/20	Inspected by:	All		Date of Re-Inspection:
Signature of Inspector:  Hold For Sanitary:	Condition: No acce for human habita without necessary of pressurized water	essory building shall bation / sleeping pu county and UDC perm shall enter the b connection to POWTS. setbacks.	e used rposes nits. No puilding	Date of Approval: //21/20

<sub>Nn,</sub> City, Village, State or Federal ermits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20	-0018			Issued	d To: Pa	ul & S	Summer Pe	arsor	1				٠.	,	
Location:	-	1/4	of	_	1/4	Section	26	Township	45	N.	Range	9	W.	Town of	Barnes	
Gov't Lot			I	_ot	2	Blo	ck	Sul	odivisio	n	*	. 81	-	CSM# 1	202	

For: Residential Accessory Structure: [ 1- Story; Pole Barn (36' x 48') = 1,728 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

#### **Tracy Pooler**

Authorized Issuing Official

**January 23, 2020** 

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

### **APPLICATION FOR PERMIT**



Permit #:	20-0012
Date:	1-23-19
Amount Paid:	\$175 8-23-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

(If there are Multiple Owners listed on the Deed All Owners I

Authorized Agent:

Address to send permit

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

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TYPE OF PERMIT R Owner's Name:	EQUEST	FD-	☐ LAND	USE   S	Maili	y PRIVY		ONDITIONA City/	L USE State/Zip	SPECIAL:	USE	☐ B.O.A	Telephone	THER
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JACOB SC.	HIE	3)			1/7	398 BAS	SILAN	10 00	1641	DU, WI	54/1		285 Cell Phone	•
Address of Property:		,			-	State/Zip:	, , .	-,10 7	,				920-	737 -
3065 Bo	NY	LAKE	: ROA	10		PLUES, 4	-						635	
Contractor:	/	,			Contr	ractor Phone:	Plum	nber:					Plumber F	none:
Authorized Agent: (F	Person Sign	ing Annlic	ation on behalf	of Owner(s))	Agen	t Phone:	Ager	nt Mailing Ado	dress (inc	lude City/State	/Zip):		Written A	uthorization
1/1/	/	- 1	ation on benun	or owner(s))		-580-01	- TV	CAB	LEI	lude City/State 548 20667	21		Attached	
DALL DE	STEC	Sly			Tax II		11 /	7275	VICN.	NUGAT	Reco	rded Docu	Yes [	No wing Ownership)
PROJECT LOCATION	Legal	Descript	ion: (Use Ta	ax Statement)							2	019 K	57	7647
LOCATION			Gov't Lot	Lot(s)	CSM	384 Vol & Page	CSM Do	oc# Lot(s	s) No.	Block(s) No.	Subd	livision:		
1/4,	1	/4	GOVILOT	Lot(s)	CSIVI	VOI GLI age	CSIVI DO	2043	,, 110.	Diock(s) No.	Jubu			
		1,280	J			Town of:					Lot S	ize	Acreag	e
Section 4	, Towi	nship	44_ N, Ra	ange <u>9</u>	_ w	BALI	IF.S	>			====		_	34
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	3					eam (incl. Intermit		Distance Stru	cture is	from Shorelin	_	Is Prop		Are Wetlands
☐ Shoreland —				of Floodplain?		escontinue			)		feet	Floodpla		Present?  Ves
	☐ Is P	roperty	Land within	1000 feet of		nd or Flowage escontinue		Distance Stru	cture is	from Shorelin	e : feet	Zie I		□ Yes No
					11 9	escontinue	-							
☐ Non-Shoreland														
Value at Time								Total # of						Tunna
of Completion								pedrooms			nat Ty			Type of Water
* include		Projec	st	# of Sto	ories	Foundation	on	in				ry Systen	1	on
donated time & material					in Is on					tne pr	opertyr		property	
material	☐ Nev	v Const	ruction	☐ 1-Story	,	☐ Baseme	ent	<b>1</b>	□М	unicipal/City				☐ City
- 16	☐ Add	lition/A	Alteration	☐ 1-Story	1-Story + Loft   Foundation   1   (New) Sanitary					Spec	X Well			
\$	☐ Con	version	1	2-Story	,			3	☐ Sa	nitary (Exists	) Spec	cify Type:	CONV.	
	☐ Relo	ocate (e	xisting bldg)						_	ivy (Pit) or			200 gallo	on)
	7		ness on			Use	GENERAL PARTY	None		rtable (w/ser		ntract)		
		perty				☐ Year Ro	und			mpost Toile	:			
									lu luc	one				
<b>Existing Structur</b>	e: (if pe	rmit beir	ng applied fo	or is relevant t	o it)	Length:			Width				ight:	
<b>Proposed Constr</b>	uction:					Length:			Width	1:		He	ight:	
			12 ST. 1			Volence State of the Control						NT S	£1250	Square
Proposed Us	se										10000			
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Residential	Use			e (i.e. cabin, with Loft with a Po with (2 <sup>nd</sup>	, hunting t orch l) Porch	cture on prop					( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	X X X X	) ) ) ) )	rootage
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-				with Loft with a Po with (2 <sup>nd</sup> with a Do with a Do with (2 <sup>nd</sup>	, hunting t orch Porch eck	cture on prop						X X X X X	) ) ) ) ) ) )	rootage
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tter(s) of authorization must accompany this application)

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Copy of Tax Statement

ie box below: Draw or Sketch your Property	(regardless of what	at you are	applying for)		
(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (*) Wetland	Construction on Plot Plan vay <u>and</u> (*) Fronta g Structures on y	age Road rour Prope nk (ST); (*) am/Creek	Name Frontage Road) rty Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (or (*) Pond		
BUILIMES PE	X 1ST	privi	SEE STIBCHED		
259' > Dealy FILES	-0-	1	) o wall		
5.	TONK	1 70NY	LAKE		
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Please complete (1) – (7) above (prior to continuing	ng)	BONY	LAKE	Planning & Zoning Measurem	2020000
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(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	71554	# of bedrooms:	Sanitary Date:	6/2/92
Permit Denied (Date):	Reason for Denial:			(3)	Red -
Permit #: 20-0012	Permit Date: 1-23	-9090			:
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming  Yes (Deed of Recor	ious Lot(s))	Mitigation Required Mitigation Attached	✓ Yes □ No  ✓ Yes □ No	Affidavit Required Affidavit Attached	☐ Yes ☐ No ☐ Yes ☐ No
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by ☐ Yes ☑ No		e #:	
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No	existing	Were Property Line	es Represented by Owner Was Property Surveyed		
Inspection Record:		1		Zoning District Lakes Classification	( <b>R</b> )
Date of Inspection: 8/22/19	Inspected by:	1//		Date of Re-Inspe	ction:
Condition(s): Town, Committee or Board Conditions Attack  Co bas dw De Signature of Inspector	ched? ☐ Yes ☐ No ─ (If ndition: Maximum occu sed upon septic syst elling. Must contact Ba pt for licensing as requ d contact Town regardin	pancy limited to 2 B em design for the ayfield County Health ired by State Statute	nched.) edrooms or sleeping	in garego or o	out building
Hold For Sanitary: Hold For TbA:	HOIQ FOR ATTIC	лаvіt: ப	ноіd For Fees: 🗌 🔃		

### City, Village, State or Federal Mits May Also Be Required

SANITARY - 171554 (6/2/1992) SIGN -SPECIAL - Class A CONDITIONAL -BOA -

or if any prohibitory conditions are violated.

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-	20-0012			Issued To: Jacob & Jamie Schiess / Karl Kastrosky, Agent										
Location:	-	1/4	of	-	1/4	Section	4	Township	44	N.	Range	9	W.	Town of	Barnes
Par in Gov't Lot	5		l	₋ot		Blo	ock	Su	bdivisio	on				CSM#	
								t-term Renta I require additio		mitting.					

Condition(s): Maximum occupancy limited to 2 bedrooms or sleeping area based upon septic system design for the dwelling. Must contact Bayfield County Health Department for licensing as required by State Statute and contact Town regarding room tax. No sleeping in garage or out buildings.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

		Tracy Pooler
NOTE:	This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.	Authorized Issuing Official
	Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been	
	misrepresented, erroneous, or incomplete.	January 23, 2020
	This permit may be void or revoked if any performance conditions are not completed	Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date Stamp (Received) JAN 10 2020 Bayfield Co. Zoning Dept.

Permit #: Date: Amount Paid: Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department

DO NOT START CONST	TRUCTION	UNTIL AL	L PERMITS HA	IVE BEEN ISSUED TO	APPLICANT.		FILL OU	T IN IN	( (NO PE	INCIL	
TYPE OF PERMIT R	EQUESTE	D- <b>→</b>	☐ LAND	AND RESIDENCE OF THE PERSON OF	CONTRACTOR OF THE PROPERTY OF		NAL USE K SPECIAL	USE	☐ B.O.A	ATT THE PARTY OF T	THER
Owner's Name:					lailing Address:	I .	ity/State/Zip: )	704		Telephone	e:
Address of Property:	SAR	H E	BENHI	46 4	1801 PEABOL	0457	DULUTIA MI	1/.			
Address of Property:	B	ARM	ES, WI	0.00						Cell Phon	e:
51040	5701	EI	Huy :	27	BARNES Ontractor Phone:	W1.	54873				
Contractor:			/	C	ontractor Phone:	Plumber:				Plumber I	Phone:
Authorized Agent: (	Darson Signi	ng Applica	tion on hehalf	of Owner(s)) A	gent Phone:	Agent Mailing	Address (include City/Stat	e/Zip):	01	Written A	uthorization
		/		2	1/5-580	14295	Address (include City/State	ロロラ	7071	Attached Yes	□ No
BARL	1/10	13/6	259	1	Tax ID#	1.213/	9 94/1000	Reco	rded Docui	ment: (Sho	wing Ownership)
PROJECT LOCATION	Legal I	Descripti	ion: (Use Ta	x Statement)	153:	2		_	11R -5		45.37
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1/4,	1/	4	6	6 35	8						
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Section		- A			BARK	es .					
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Li Siloreland	☐ Is P	roperty/	Land within	1000 feet of Lake	, Pond or Flowage  If yescontinue —		Structure is from Shoreli	ne : feet		Yes No	XNo
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below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

Show Location of: **Proposed Construction** Show / Indicate: (2)North (N) on Plot Plan

(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)

(4)Show: All Existing Structures on your Property

(5)Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(6)Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SER ATTACHED ALIAL PHOTO

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measuren	nent	Description	Measu	ement	
Setback from the Centerline of Platted Road	7/50	Feet	Setback from the <b>Lake</b> (ordinary high-water mark	) 2150	Feet	
Setback from the Established Right-of-Way	60	Feet	Setback from the River, Stream, Creek	191	Feet	
			Setback from the Bank or Bluff	NA	Feet	
Setback from the <b>North</b> Lot Line	120	Feet		7.5.5		
Setback from the <b>South</b> Lot Line	97	Feet	Setback from Wetland	141	Feet	
Setback from the West Lot Line	PA 15	Feet	20% Slope Area on the property	Yes	□×Ño	
Setback from the <b>East</b> Lot Line	75'	Feet	Elevation of <b>Floodplain</b>		Feet	
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>	210	Feet	Setback to Well	7/2	Feet	
Setback to <b>Drain Field</b>	725	Feet	333333333333333333333333333333333333333	- 75	ree	
Setback to <b>Privy</b> (Portable, Composting)	48	Feet				

ired setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the rrior to the placement or construction of a structure within ten (10) feet of the minimum re other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	600	Sanitary Date: 7 - 25 - 79					
Permit Denied (Date):	Reason for Denial:	Ø	5 400 gal Tank					
Permit #: 20 - 0013	Permit Date: 1-23-2020							
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	d)	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No	Affidavit Required ☐ Yes ☐ No - Affidavit Attached ☐ Yes ☐ No				
Granted by Variance (B.O.A.)  ☐ Yes ☐ Yo Case #:		Previously Granted by Variance (B.O.A.)  Yes No Case #:						
		Were Property Lines Represented by Owner Was Property Surveyed  Tyes  U Yes						
Inspection Record:				Zoning District (R-1) Lakes Classification ( ) )				
Date of Inspection: 11/26/19	Inspected by:	MI		Date of Re-Inspection:				
Condition(s): Town, Committee or Board Conditions Attached?   Yes No - (If No they need to be attached.)  Condition: Maximum occupancy limited to based upon septic system design for the dwelling. Must contact Bayfield County Health Dept for licensing as required by State Statute and contact Town regarding room tax.  Date of Approval: 1/19/1/4								
Hold For Sanitary:  Hold For TBA:  Hold For TBA:	11010 ( 0. 7		s: 🗆					

## City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - 1600 (7/25/1979)
SIGN SPECIAL - Class A
CONDITIONAL BOA -

20 0012

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

NO.	20	20-0013			d 10. Jaine	s & Jaian De	k Saran Denning / N			OSK	, <b>Ag</b>	,110	
Locatio	on: -	1/4	of -	1/4	Section 5	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lo	ot Lot 6 Block Subdivision			CSM# <b>358</b>			358						
						ort-term Rent		mitting					
You are respon:	sible for comply	designed	gn for ired by ate and federa	the dy State	welling. Mus Statute and	st contact B contact Tow wetlands, lakes, and streams.	ayfield n rega	d Cou	unty He room t sociated with ope	alth ax.	Depa	artment f	septic system for licensing as to comply may result in removal or arces service center (715) 685-2900.
									v	Tracy Pooler			
	OTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.					Authorized Issuing Official							
						vithout obtaining ap information is found							
	misreprese	srepresented, erroneous, or incomplete.				January 23, 2020							
This permit may be void or revoked if			performance conditions are not completed				Date						

James & Sarah Ronning / Karl Kastrosky Agent